

Application form



Application for membership at Mediclass

Select

- Mediclass Privatarzt Classic**
 Mediclass Privatarzt Plus
 Master membership **Partner membership/
Students membership** **Children's membership
(2-18 years)**

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C **B** **K**

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Personal Data

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Title:	
First Name:		Last Name:	
Address.:		Postal Code:	City:
Telephone:		Mobile Phone:	
E-Mail:		Date of birth:	
Public Insurance:		Private Insurance:	

This benefit can be chosen if your partner holds an active Master membership. Holder of the Master Membership is:

Master member:		Membership Number:	
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Family Data (for registration at same time with main membership)

Registration of Family

Additional to my registration I'd like to register my partner or my children and confirm that I'm authorized to provide their data. Partners of main members save 25 % of the regular monthly fee, their children (2-18 years) save 50 %.

- Partner Child Classic Plus Female Male

Title: _____ First & Family Name: _____ Address: _____

Postal Code: _____ City: _____

E-Mail: _____ Date of Birth Day, Month, Year _____ Telephone: _____

Public Health Insurance: _____ Social Security Number, Date of Birth: _____

- Partner Child Classic Plus Female Male

Title: _____ First & Family Name: _____ Address: _____

Postal Code: _____ City: _____

E-Mail: _____ Date of Birth Day, Month, Year _____ Telephone: _____

Public Health Insurance: _____ Social Security Number, Date of Birth: _____

Mediclass Gesundheitsclub GmbH

Viertel Zwei Campus / Gebäude Biz Zwei / Vorgartenstraße 206 C / 1020 Wien / Tel: 01 890 45 20 / info@mediclass.com / www.mediclass.com
ATU 660 49 322 / FN 353 161f / Kontoverbindung: Mediclass Gesundheitsclub GmbH / Bank: Volksbank Wien / Kontonummer: 466 822 230 30
BLZ: 43000 / IBAN: AT41 4300 0466 8222 3030 / BIC: VBWIATW1

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Mediclass Privatarzt Classic

- Annually € 317,90 (28,90/month × 11)
- € 238,42 partner 25 % discount
- € 158,95 child 50 % discount
- Monthly € 28,90
- € 21,67 partner 25 % discount
- € 14,45 child 50 % discount

Mediclass Privatarzt Plus

- Annually € 427,90 (38,90/month × 11)
- € 320,92 partner 25 % discount
- € 213,95 child 50 % discount
- Monthly € 38,90
- € 29,17 partner 25 % discount
- € 19,45 child 50 % discount

Bank Collection

Account Holder: _____

IBAN: _____

BIC: _____

I hereby precariously authorize Mediclass Gesundheitsclub GmbH to collect my membership fee from the above financial institution by direct debit. Therefore my financial institution is authorized to cash debits; however my financial institution is not obligated to cash debits, in particular if my account does not show the required coverage. I have the right within 56 calendar days after successful debit or after collection without stating the reason to initiate the back posting at my financial institution.

Date

Signature

How did you find out about mediclass?

I agree that any contract governing medical treatment is not closed with Mediclass Gesundheitsclub GmbH but with the medical practitioner, who has the right to demand a fee, which is either arranged with the practitioner himself or defined in a price list. I hereby give my consent that Mediclass is allowed to cash membership fees from the above account at maturity. This also obtains for the fees caused by treatment in case there is no other method of payment arranged.

An annual membership is closed for the period of one year. It will lengthen by a further year unless it is cancelled in written form at least 6 weeks before expiration of the contract.

Data privacy:

Mediclass will use the personal data of its members exclusively for the purpose of performing the services agreed to in the conditions of contract. In no case mediclass will transfer personal data for the purpose of advertisement or marketing to third parties. I confirm that Mediclass is allowed to electronically process my personal data in the context of the membership administration and the handling of services provided to me. This agreement in particular includes the right to transfer data to the practitioners operating in the Mediclass center. I declare that mediclass and practitioners operating in a Mediclass center can transfer current information/advertisement on health issues to me. This agreement can be repealed by email to info@mediclass.com at any time.

I declare that I have taken notice of the general terms and conditions of the Mediclass Gesundheitsclub GmbH, available on the website www.mediclass.com, and declare that those conditions become subject-matter of the contract closed between me and Mediclass Gesundheitsclub GmbH.

Date

Signature

Mediclass Gesundheitsclub GmbH

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